

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002078

STATE FILE NUMBER

AMENDED

Registration District No.

FILED FEB 13 1962

Primary Registration District No.

1002

Registrar's No.

533

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR

TOWN

Kansas City

Length of stay in lb

31 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

St. Joseph Hospital

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

4902 E. 22nd. St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First.

Robert

Middle

M.

Last

Tucker

4. DATE

OF

DEATH

Month

Day

Year

Jan. 28, 1962

5. SEX

male

6. COLOR OR RACE

caucasian

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

8. DATE OF BIRTH

9/9/1888

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Patrolman

10b. KIND OF BUSINESS OR INDUSTRY

Fisher Body Co.

11. BIRTHPLACE (City and state or country)

Oskaloosa, Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

David C. Tucker

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Addie M. Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Addie Tucker 4902 E. 22nd. St. K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction, Acute

INTERVAL BETWEEN ONSET AND DEATH

10 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Occlusion Acute

10 hrs

DUE TO (c)

Coronary Arteriosclerosis

10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus 10 yrs Myocardial Infarction 22 Oct 59

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

29 April 57

to death

and last saw him alive on 27 January 62

Death occurred at 28 January 62 3:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Glenn Elliott

22b. ADDRESS

1102 Grand K Pl Mo 29 Jan 62

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1/31/62

23c. NAME OF CEMETERY OR CREMATORY

Brookline Cemetery

23d. LOCATION (City, town, or county)

Brookline, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Earp & Sons 4707 Truman Rd. K.C., Mo.

25. DATE RECD. BY LOCAL REG.

1-29-62

26. REGISTRAR'S SIGNATURE

Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James W. Eap
Licensed Embalmer No. 4622

P. O. Address W. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.